



TREASURY DEPARTMENT  
**TENNESSEE CONSOLIDATED RETIREMENT SYSTEM**  
502 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243-0201



**APPLICATION FOR ADDITIONAL RETIREMENT CREDIT**

**Instructions:** Applicant completes parts 1, 2 and 4 as indicated. Employer completes parts 3, 5 and 6. Please type or print legibly in black ink.

<b>PART 1</b> To be completed by <i>applicant</i> .		Name _____
Home Phone _____	Work Phone _____	Present Employer _____
Employer During Time of Service Being Claimed _____		Position Held _____
I am presently a member of the Tennessee Consolidated Retirement System. <input type="checkbox"/> Yes <input type="checkbox"/> No		I am a member of another retirement system. <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been refunded your account balance from TCRS? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give name of system. _____
Is the service being claimed established with any other pension or retirement plan. If yes, give name of system. _____		

<b>PART 2</b> The <i>applicant</i> is to have this form notarized and forward it to employer for certification.	_____ Applicant's Signature
STATE OF TENNESSEE COUNTY OF _____	
_____, personally appeared before me on this the _____ day of _____	
20 _____, who makes oath that (he)/(she) executed the foregoing instrument.	
Notary Seal _____ Notary Public	My Commission Expires _____

<b>PART 3</b> To be completed by <i>employer</i> .		
The employer is requested to complete the service and salary information for the above named employee on the REVERSE side of this form. This information should only be taken from official payroll records. Once the information has been entered, complete this part and return this form to the retirement system.		
The information contained is correct to the best of my knowledge. Further, I understand that the documents used in certifying this information are subject to audit by the State Comptroller's office. This information was taken from official records of:		
Name of Department or Institution _____		
Address of Department or Institution _____		
Phone Number _____	Signature of Department Head _____	Date _____

<b>PART 4</b> To be completed by <i>applicant</i> .	Name		Date of Birth	Social Security No.
	Address		City	State Zip Code

**CERTIFICATION OF SERVICE.** The amount of service credited to a TCRS member's account will have an effect on retirement benefits. It is important that the service certified below is complete and correct.

<b>PART 5</b> To be certified by <i>employer</i> .	Position in which service was rendered: _____
<b>Why was the service not reported initially? Check at least one.</b> <input type="checkbox"/> Employee was not eligible when the service was rendered. <input type="checkbox"/> Part-Time Service. <input type="checkbox"/> Probationary / Waiting Period <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Employer reporting error or oversight. <input type="checkbox"/> Employee elected not to join TCRS (see Employer Manual Exhibit III). <input type="checkbox"/> Employee was enrolled in Local Teacher Plan (not TCRS), or Optional Retirement Plan (ORP). <input type="checkbox"/> Current Status of Local or ORP Account Balance? _____	<b>Was the service rendered in any of the following capacities? Check at least one.</b> <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Adjunct Faculty Member <input type="checkbox"/> Student Worker <input type="checkbox"/> Employee of Another Entity _____ <input type="checkbox"/> Substitute Teacher / # Days Taught _____ <input type="checkbox"/> Other (specify): _____

**DIRECTIONS.** Enter the service and salary information of the applicant by fiscal year only (July 1 through June 30). Do not list more than one year of service on a single line. Complete columns A-E with the following information:

- A. Enter the actual beginning and ending dates of employment within each fiscal year.
- B. Enter the gross salary earned for the applicant's actual period of employment during the fiscal year.
- C. Enter the time period (in months and days) for which the applicant was compensated for employment during the fiscal year. Example: A full year of service would be entered as 12 months, 0 days.
- D. Enter the number of months that the applicant was required to work assuming he/she was employed the entire fiscal year. Example: A teacher's aide might be required to work only 10 months during a 12-month period, therefore, 10 would be entered.
- E. If the applicant's employment within the fiscal year was rendered on a part-time basis, enter the percentage of time worked compared to full-time employment. If the applicant's service was considered full-time, enter 100%.

<b>PART 6</b> To be completed by <i>employer</i> .		Do not complete if this service has been refunded.					
	A.	B.	C.		D.	E.	TCRS USE ONLY
			MOS.	DAYS			
EX.	07/01/60 – 06/30/61	\$6,000	12	0	12	100%	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							